

Summer 8-20-2017

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Nicole Neuman  
nmneuman@usfca.edu

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## Recommended Citation

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Electronic Health Record Utilization and Education:  
Improving Role-Specific Confidence and Competence in the Outpatient Setting

Nicole M. Neuman

University of San Francisco - School of Nursing and Health Professions

### Abstract

The call for meaningful use of electronic health records (EHR) and its universal benefits are well known. Despite mandates for change resistance to adoption of paper-less system remains problematic. Non-use of the EHR has persisted in the outpatient specialty care setting in spite of 4 all-staff trainings and stakeholder backing. This project suggests that implementing team leadership and educational tools provides staff with confidence and supportive resources to achieve proficiency. Objectives for this project include (a) providing staff with training and tools to access self-guided troubleshooting videos, follow quick-guide checklists for crucial tasks, and provide handouts for patient portal access, (b) verifying competency to complete role specific tasks, and (c) enhance morale. As of August 2017, 100% of staff were able to able to demonstrate self-efficacy to perform basic EHR functions and access resources. Data comparison of pre-/post-implementation survey data reveals staff self-confidence in EHR use increased from 40% to 90%. Staff feelings of support related using the software platform increased from 60% to 95%. Further research is recommended to promote understanding of how microsystems with limited resources can achieve meaningful use of EHRs, promote staff engagement, and achieve financial benefits.

### Electronic Health Record Utilization and Education:

#### Improving Role-Specific Confidence and Competence in the Outpatient Setting

The clinical microsystem encompasses an outpatient specialty care setting providing women's health and integrative medicine services. The population of focus is comprised of the professionals and patients encountering process delays and diminished caliber of care related to non-use status of the electronic health record (EHR). The small private practice, comprised of eight professionals, relies upon antiquated paper-based documentation. The improvement project targets enhanced utilization of the EHR and improved patient portal usage. Staff adoption of the health information technology sustains streamlined documentation, consistent communication, promotes patient safety, and reduces billing errors. Patient Portal utilities support pre-registration, reminder notifications, access to personal records, and enhanced patient-centered care. The intent is to enhance safety, quality of care, patient satisfaction, and efficiency within the care setting through the software platform.

Urgent change of practice is supported by primary healthcare organization stakeholders including the overseeing obstetrician-gynecologist, healthcare providers, practice management, and owner of the facility. Integration of the EHR enhances continuity of care, patient safety, efficiency, communication, and access to information. Reoccurring errors related to core and supporting processes and patterns within the microsystem indicate the need to centralize information in an EHR platform. Resistant attitudes towards change and reliance on information stored in old paper charts by ancillary staff represent the greatest barriers to the quality improvement project. Thus, integrating Clinical Nurse Leadership (CNL) and providing support tools are the solution for success.

### **Clinical Leadership Theme**

**Transformational Lens.** The microsystem's improvement themes aim to optimize staff roles, enhance the patient experience, facilitate care access and follow-up, improve safety, and enrich patient-provider relationships, and support practice development. The electronic medical record is correlated with key themes and components of an *ideal practice* including access, integration, reliability, and vitality (Nelson, Batalden, & Godfrey, 2007; IHI, 2000). These improvement themes reflect the six dimensions for quality care and opportunity for advanced practice nurses as change agents, as mandated by the Institute of Medicine reports, STEEP principles (IOM, 2001; IOM, 2010), the Institute for Healthcare Improvement's Quadruple Aim (IHI, 2016), and Meaningful Use criteria (HealthIT, 2013).

Broadly focusing on electronic medical record (EMR) utilization and patient portal usage in the healthcare microsystem guides the overall purpose.

Global Aim Statement:

We aim to improve *electronic medical record (EMR) utilization and patient portal usage* in the clinical microsystem. The *process begins* with the initial patient encounter (by phone and in-office). The *process ends* with provider evaluation and patient access to records/results/follow-up care.

*By working on this process, we expect* (1) improved efficiency and consistency of care, (2) enhanced patient satisfaction and follow-up, and (3) improved communication and staff satisfaction. *It is important to work on this now because* we have identified the need to improve (1) patient care experience, (2) prevention of error, (3) staff information exchange, (4) continuity of care and follow-up appointments.

**Clinical Leadership Competency.** The Clinical Nurse Leader's core competencies provide skilled expertise for initiating and sustaining change (AACN, 2013). Improvement work

begins by establishing a major focus and setting achievement goals. The systems thinking approach of the Clinical Nurse Leader (CNL) and expertise as agents of change relate to sustained improvement and evolution of practice now and in the future. Bandura's (1977), Theory of Self-Efficacy for behavioral change and performance improvement provides a theoretical framework for the CNL educator and advocate. CNLs provide an effective approach to influencing delivery of care and successfully implement strategies to improve quality outcomes (Bender, 2016; Bender, Williams, Su, & Hites, 2016).

The competent clinical nurse leader (CNL) uses emerging organizational and systems leadership to assess, redesign and implement improvements quality and cost-effective across the healthcare continuum (AACN, 2013). Ongoing implementation of EMR technology is noted specifically as part of the CNLs core expertise. Establishing performance expectations and a positive attitude towards EMRs positively influence behavioral intention and strong relationships between new technology and work performance (Seok et al., 2106). Achieving a culture of learning and self-efficacy through CNL leadership will sustain a *Continuously Learning Healthcare System* (IOM, 2013). Influence of CNL expertise ensures that health information technology and EMRs are leveraged to enhance clinical workflow and help streamline care (Smith, 2015). Successful planning, implementation and adoption of technology demands the role and intelligent decision making of nursing leadership (Hix, McKeon, & Walters, 2009; Scott, & Van Norman, 2009). The CNL provides the optimal framework for sustained improvement and transformational change.

### **Statement of the Problem**

Current gaps in performance correlated with non-use status of the electronic health record are evident in the microsystem. Errors in communication, billing, and documentation create

frequent delays in the process of care. Opportunities for improvement are apparent in consistency, efficiency, and quality characteristics of performance. The patient care experience and workflow are disrupted by efforts to locate, record, investigate, and provide information. Support staff frequently claim lack of time, inability to access, and limited learning resources prevent utilization of the EHR. Surprisingly most ancillary staff are super-users of all other technologies, and are considered Millennials. Despite high technology literacy and a user-friendly platform, initiative and compliance related to role specific EHR tasks remains low.

### **Project Overview**

The project utilizes the Clinical Nurse Leader role to improve current non-use status of the software. Current barriers are tied primarily to resistance from ancillary staff. Management and healthcare providers are eager to embrace the EHR. The clinical microsystem will benefit from nursing leadership and support tools to reform performance associated with the health information technology platform. Analysis of the outpatient specialty care practice reveals the need provide resources and verify staff use of the EHR. Each staff member will receive (a) instructions for access to self-guided troubleshooting, (b) role specific quick-use checklists, and (c) patient handouts for portal access. Pre- and post-implementation surveys will measure use-related knowledge and staff confidence tied to completing each outcome. The CNL will sign-off on successful demonstration of use by each staff member. This initial phase of the project will be completed by August, 2017.

The Specific Aim is *to improve electronic medical record (EMR) utilization* by verifying staff capability to access troubleshooting tutorials, follow quick-guide checklists for crucial tasks, and provide handouts for patient portal access.

The Global Aim and Specific Aim are consistent in their intent to cultivate a culture of safety, quality care, and excellence in the patient experience. Implementation and conduct of the improvement initiative will adhere to CNL expectations and competencies. This project meets all criteria required to support evidence-based change of practice.

### **Rationale**

According to the New England Journal of Medicine (2013), the framework for performance improvement should focus on a high value healthcare system, management of innovation, and leaders on the frontline. The EHR enables shared accountability, efficient communication and documentation, improved access, patient-centeredness, quality outcomes and cost savings. Demand for this project was initially identified by the organization's stakeholders including providers, management, and the business proprietor. The need for change was further realized through assessment of the microsystem. Analysis tools and methods illustrate supportive data and emphasize specific areas for improvement (Appendix A). The processes and patterns within the clinic setting represent prominent concerns. Internal weaknesses related to ancillary staff resistance, reliance on data in paper charts, perceived time constraints, and old habits must be overcome. Information exchange between healthcare providers, staff, and patients demands improvement. Enhanced utilization of the electronic health record (EHR) supports documentation, continuity of care, patient safety. Core and supporting processes (ie. registration, scheduling, test results, billing, follow-up) are streamlined with microsystem and patient use of the EHR and portal. Reoccurring errors in communication, unbilled services, and imperfect access to information signify the need to store information in a centralized EHR.

Lost revenue from outstanding dues and unbilled services will be improved by invoice functions within the EHR software. In 2016, lost revenue from unbilled services and unpaid bills



totaled \$15,144. Assessment of microsystem processes and patterns estimates \$297,520 in non-productive time/wages are wasted annually looking for paper charts, missing information, patient documents, organizing charts and information that would otherwise be streamlined through use of an EHR.

. Benefits of electronic health records are evident in improved patient care, coordination of care, diagnosis and patient outcomes, practice efficiencies and cost savings, and patient participation in care (HealthIT, 2015). Investment of time and money in EHRs pays off through the resulting improved financial performance, greater efficiencies, reduction of errors, heightened patient safety, and improved morale (Himss, 2013). In small group practices, financial benefits from EHRs averaged approximately \$33,000 per FTE provider per year by increasing coding levels for 15% of visits (Miller, West, Brown, Sim, & Ganchoff, 2005). A financial analysis provides evidence of costs and savings associated with the project (Appendix A, Figure 5).

### **Methodology**

Project implementation involved assessment of the clinical setting utilizing the Dartmouth Greenbook for Outpatient Specialty Care Microsystems (Nelson, Batalden, & Godfrey, 2007), the Institute of Medicine reports, STEEP principles (IOM, 2001; IOM, 2010), the Institute for Healthcare Improvement's Quadruple Aim (IHI, 2016), and Meaningful Use criteria (HealthIT, 2013). The need to change the non-use status of the electronic health record (EHR) was identified as the focus of the improvement project. A literature review was performed using CINAHL, PubMed, and Cochrane. The 12 research articles selected for literature review were chosen for their relevance to the topic and purpose of the project. This information was synthesized to support an evidence-based approach to developing staff utilization of the EHR.

Learning objectives specific to each staff role were identified based on key role-specific tasks with in the software platform.

A Clinic EHR Readiness Assessment (Health IT, 2008) was used to assess the microsystem. Pre- and post- implementation surveys have been developed (Appendix B). This tool will be used to collect baseline and comparison data. Assessing whether the staff can perform EHR specific tasks before and after project implementation will verify effectiveness. Quick-start guides, instructions for self-guided troubleshooting, and handouts for patient portal access are instruments for learning and staff support tools related to EHR utilization (Appendix D). As CNL I will sign-off on successful demonstration of EHR use by each staff member. This will occur by August, 2017 and validate whether desired project goals tied to EHR competency have been attained.

### **Data Source/Literature Review**

Extensive assessment results direct focus to the role professionals, education, and self-efficacy related to EHR adoption. Research establishes how to support staff, influence perceptions of proposed change, and advantages of new technology. Literature also highlights EHR benefits related to the patient experience. Synthesis of evidence-based research and integration into practice supports sustained change and engages users.

**Education.** Staff and patients is a primary focus of the project. Developing educational approaches for users optimizes success (Sines & Griffin, 2017). Level of training and educational resources were the greatest indicators tied to difficulty using EHR systems (Lahm & Ribeiro Carvalho, 2015). Plans for adoption must be tailored to behavioral, knowledge, economic and technological barriers specific to each setting (Paré, et al., 2014). Research suggests training and coaching sessions support attitudes towards EHR use and promptness of

technology utilization (Lanier, Dao, Hudelson, Cerutti, & Perron, 2017). Adoption of EHR systems must incorporate resources for learning. Efficient use of EHR systems requires users to seek basic knowledge and receive appropriate training related to information technology (Lahm & Ribeiro Carvalho, 2015). Ongoing mandatory professional development is recommended for patient privacy and computerized health information systems (McMullen et al., 2014). Promoting learning and empowering users encourages continued use. EHR training improves communication skills and influence ongoing development of EHR-related behaviors (Lanier et al., 2017).

**Attitudes.** Nurse leaders are crucial in the process of influencing change. According to Edwards (2012), the process of developing and sustaining high-quality EHR use is aided by the unique systems perspective of nursing leadership. Competencies of the CNL optimize perceptions and gain followers necessary for successful improvement. Electronic tools, check-lists, and care guidelines foster a culture of patient improvement and self-efficacy (Hyman, Neiman, Rannie, Allen, Swietlik, & Balzer, 2017). A collaborative approach to strategic implementation includes administrative support, identifying areas of inconsistent documentation, engaging team members for successful development, and staff education (D'Huyvetter, Lang, Heimer, & Cogbill, 2014). Engaging in meaningful discussions about fears associated with EHR drives development of improved systems (Sines & Griffin, 2017). The unique viewpoint and deep understanding of microsystem performance enables the CNL to influence acceptance and positively impact performance. Evidence emphasizes that supporting decision making and actions related to adoption of EHR by is essential to the global context of patient care (Lahm & Ribeiro Carvalho, 2015).

**Technology Benefits.** Utilization of health information technology is integral in achieving superior performance. Systematic review shows EHR use reduces documentation time, prompts higher guideline adherence, and results in fewer medication errors (Campanella et al., 2016). Medical billing, rates of reimbursement, job productivity, decline in medical errors, reduced health care costs result from EHR integration (McMullen et al., 2014). Patient Portals and innovative software systems contribute to improvements across the care continuum. Implications of EHR platform are evident in clinical, organizational, and patient-responsibility outcomes (McMullen et al., 2014). Innovative use of EHRs support harm reduction by ensuring consistency, team communication strategies, and evidence based processes to improve individual patient care (Hyman, Neiman, Rannie, Allen, Swietlik, & Balzer, 2017). Meaningful use of EHRs positively contributes to ethical obligations of benevolence, non-maleficence, and equality. Meta-analysis concludes EHR systems improve quality of care, increase efficiency, and reduce adverse drug events and medication errors (Campanella et al., 2016).

**Patient Experience.** The care experience and patient satisfaction is derived from all aspects of organizational culture. Systematic review assessing facilitators and barriers indicate (a) attitudes and intentions towards the EHR, (b) context of the EHR in the clinical setting, and (c) the EHR systems perceived usefulness all influenced patient satisfaction (Liu, Luo, Zhang, & Huang, 2013). Evidence shows a multidisciplinary approach is proven to support patient portal practices, improve use of patient portals linked to EHR systems, support patient self-care (Morrow et al., 2017). Advance practice nurses maintain a crucial role in achieving meaningful, understanding factors affecting satisfied users and experiences, and advancing the EHR as a tool for care-coordination at all stages of adoption (Liu et al., 2013; Narcisse, Kippenbrock, Odell, & Buron, 2013).

**PICO Search.** The literature review supports the problem and project.

P(Patient/Population): Staff and Patients at Advanced Center for Integrative Medicine

I (Intervention): Self-guided troubleshooting and quick-start tutorial instructions for use of electronic health record (EHR) and patient portal

C (Comparison): continue with current practice (non-use status)

O (Outcome): verify staff ability to use EHR and provide details for patient portal access

An initial search of CINAHL, PubMed, and Cochrane yielded over 3,000 articles.

Filtering literature for peer-reviewed articles, published within the last 5 years, and related to EHR and patient portal utilization narrowed results. Results were further limited to articles in the English language and with the subject heading “electronic health record.” Articles focus on improved quality of care or a resistance to implementation. Many sources are available exploring EHR and lab results or use by pharmacists, this was unexpected. Few sources are available specifically discussing patient portal access. I hoped to find evidence based articles with specific strategies for implementation. This was surprising due to assumptions that electronic health records and integration of technology are essential component of safe and effective care. The PICO statement was helpful to solidify the scope and consider alternative keywords.

### **Timeline**

The project was initiated May, 2017 and the initial phase will continue until August, 2017. The 12-week summer semester creates a time constraint surrounding the project date of conclusion. Steps and dates of completion are represented in the timeline of completion (Appendix C). Parameters of the timeframe and outlined objectives promote adherence to the schedule.

### **Expected Results**

It is expected that 100% of staff will participate in pre- and post-implementation surveys while attending staff meetings. No additional time will be used for staff training. A portion of the weekly all-staff meeting was allocated to provision of educational tools, one-on-one training, and verification of competency. Using a check-list for competency sign-off is intended to reinforce importance of utilization among staff and establish each member as a basic EHR user. The microsystem should be positioned for additional phases of the project following completion. Theories surrounding organizational culture and implications for EHR adoption may emerge. Conclusions can be drawn about whether self-motivated learning is effective and support tools promote self-efficacy in the outpatient specialty care microsystem.

### **Nursing Relevance**

This project will make significant contribution to our understanding the Clinical Nurse Leader role related to EHR support tools. Most research focuses on large health care organizations or hospitals adopting documentation software. Similar outpatient specialty care microsystems can utilize the CNL role and this project as a guide for change. Unique expertise and comprehensive approach demonstrated in this project promote the CNLs value. A CNL as Team Leader and Educator plays a key role in the evolution of a culture of self-efficacy and a *Continuously Learning Healthcare System*. It is crucial for nursing leadership to have a seat at the table and actively contribute to the evolution of healthcare.

### **Summary Report**

The Specific Aim is *to improve electronic health record (EHR) utilization* by verifying staff competency to access troubleshooting tutorials, follow quick-guide checklists for crucial tasks, and provide handouts for patient portal access by August, 2017.

The setting is an outpatient specialty care microsystem focuses on women's health and integrative medicine. The population includes the head Physician Obstetrician-Gynecologist, Nutritionist/Physical Therapist, Office Manager, LPN, 2 patient coordinators and 2 administrative staff.

Methods used to implement the project include the Dartmouth Greenbook for Outpatient Specialty Care (Godfrey, Nelson, & Batalden, 2005). This served as a guide for quality improvement to assess, diagnose, and treat the setting. The plan to implement education/support tools was analyzed with Failure Mode Error Analysis process to reduce potential problems prior to initiation. EHR readiness assessment, pre-post-implementation surveys were utilized to assess and benchmark project initiatives. A literature review was performed to identify evidence/best practices for EHR utilization, training, and culture of learning. Stakeholder analysis determined attitudes, influences, contributions. and strategies for engagement. Cost analysis measured current expenses tied to the EHR project and cost benefit of transitioning to electronic software platform. SWOT Analysis was performed to outline barriers and facilitators to success. A fishbone diagram was used to outline cause and effect of non-use status of EHR. The training quick-guides and patient portal handout documents were emailed directly to each staff member and saved on the clinic server.

Data collection compared the results of pre-/post-implementation surveys. Analysis reveals staff self-confidence in EHR use increased from 40% to 90%. Staff feelings of support related using the software platform increased from 60% to 95%. 100% of staff were verified to demonstrate competency in performing role specific EHR functions and access resources. Each staff member has established their competency as a basic user of the EHR. Qualitative data

indicate a positive shift in themes regarding feelings towards the EHR and experience using a technology based platform.

Providing education/support tools and encouraging self-guided learning enhances feelings of support and confidence among staff. Developing a culture of learning and self-efficacy supports a safe and effective clinical environment. Cost-savings and reallocating previously wasted time creates endless potential to utilize staff for other emerging QI initiatives.

According to the Institute for Healthcare Improvement (2015) paper, *Sustaining Improvement*, nurse leaders create a strong foundation through developing quality improvement and standardizing high-performance systems. The improvement project will be modified in subsequent phases to expand adoption and patient experience related to the EHR. Transitioning to electronic based registration, lab requests/results, and e-prescribing through the software platform will be part of future integration. The head OBGYN, office manager, and nutritionist declare desire to be champions or “super-users” going forward. Staff awareness of the EHR benefits have been expanded based on feed back during the training. The knowing-doing gap will continue be addressed in later phases. Stakeholders are supportive and recognize the cost benefits to the EHR system which provides greater accountability, improved safety, and consistent communication. Time currently wasted on process delays and inefficient patterns can be reallocated to other quality improvement efforts as the emerge with in the microsystem. Continuing to enhance the perceived benefit and support will continue to influence successful sustained adoption and the self-efficacy theoretical framework.

Flexible evidence based requirements and empowering clinicians to lead change promotes sustained quality improvement (AHRQ Health Care Innovations Exchange, 2014). Training, staff morale, patient experience, and standardized operating procedures are crucial to



stabilizing systems achieving positive change (HRSA, 2017). Evidence shows that true sustainability of EHR use is achieved through education about EHR systems, which direct policy and patient participation to further cultivate use (Sheridan, 2012). The CNL role as an educator, team leader, and advocate supports a culture of improvement, self-efficacy, and continuous learning mileu.

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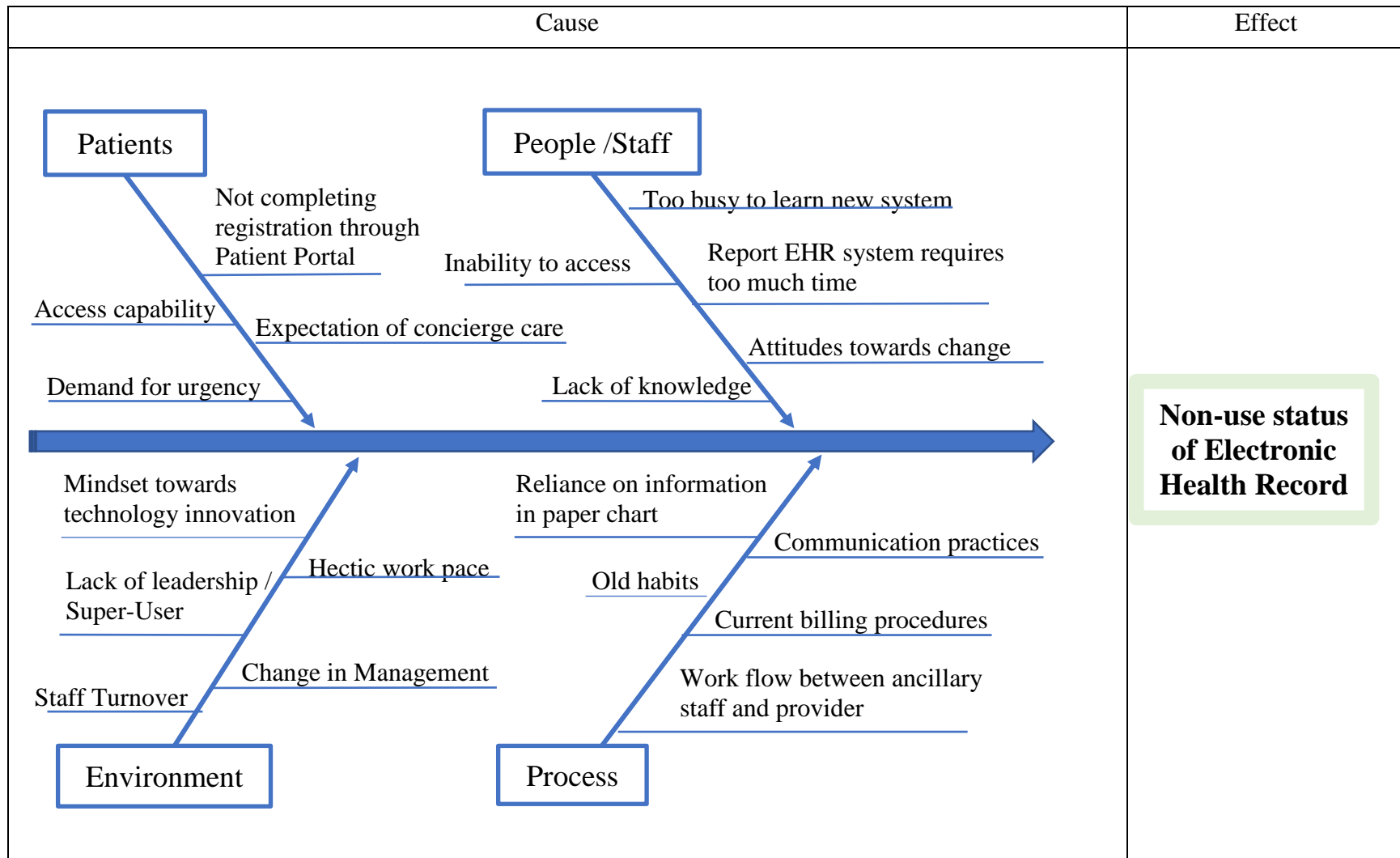
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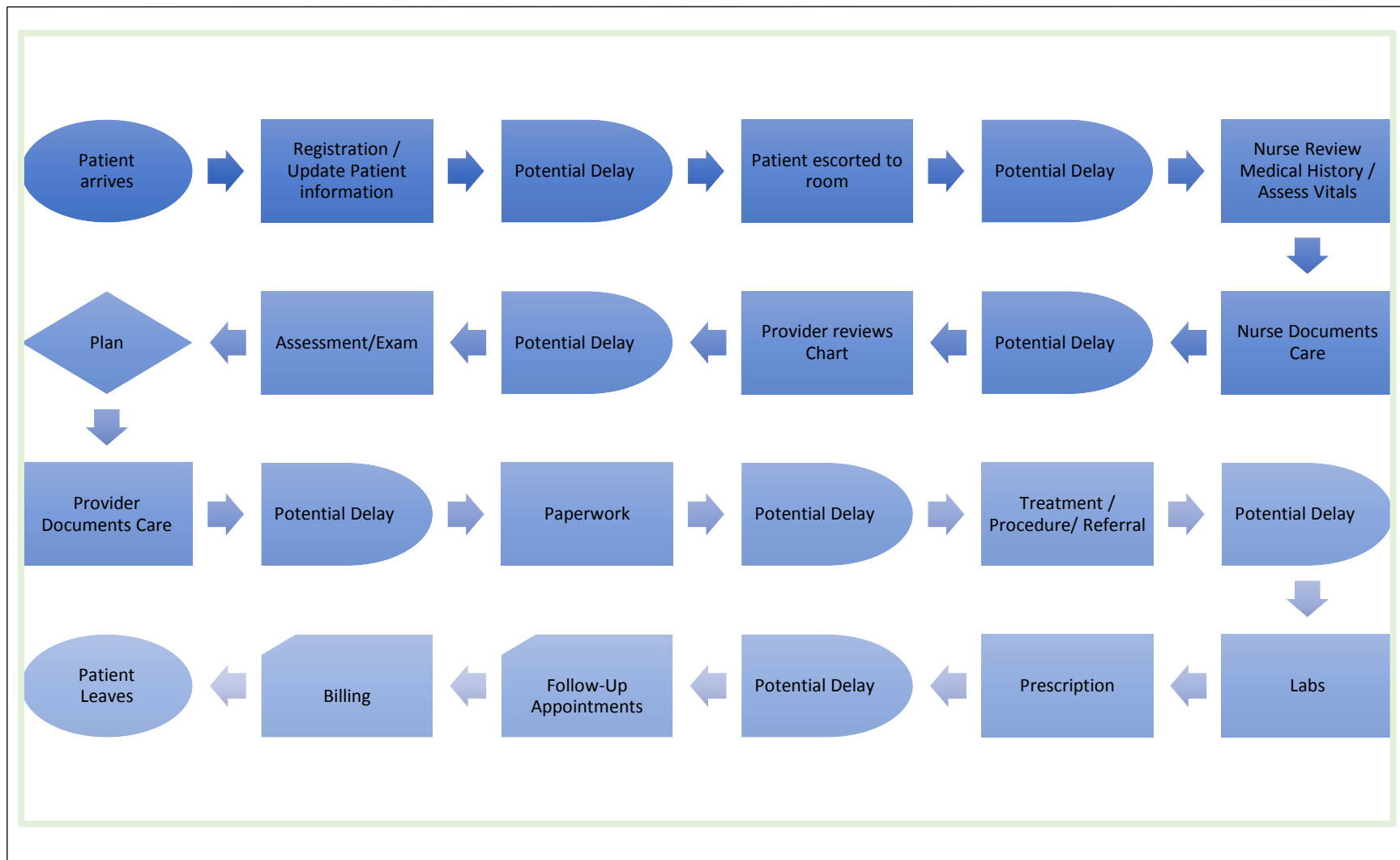
## Appendix A

Figure 1  
 Root cause analysis (fishbone diagram)



## Appendix A

Figure 2  
*Process Map*





## Appendix A

Figure 3  
SWOT Analysis

	<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Consistent and centralized documentation</li> <li>• Streamlined communication</li> <li>• Web-based accessibility</li> <li>• Self-Guided Troubleshooting / Support included</li> <li>• Low cost</li> <li>• Patient reminder / follow-up notifications</li> <li>• Incorporated billing system</li> <li>• Improved quality/safety/patient-centered care</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Computer literacy / software knowledge</li> <li>• Dependent on patient/user having access to internet and device (smartphone, tablet, PC)</li> <li>• Success relies on self-motivated learning / user engagement</li> <li>• Current workflow, old habits, negative attitudes towards change</li> <li>• Reliance on paper charts</li> </ul>
	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Patient follow-up / on-line appointment scheduling</li> <li>• Enhanced patient responsibility and access to records</li> <li>• Report functions / analysis of microsystem data to foster continued improvement</li> <li>• Possible cost savings – support future business growth</li> <li>• Potential to reduce errors and waste</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Reliance on software / EHR company for updates and data storage</li> <li>• Later phases of implementation require patient accountability and adherence to use</li> <li>• Security and privacy of electronic web based EHR</li> <li>• Unforeseen Costs</li> <li>• Expense of new hardware when computers in microsystem become obsolete</li> <li>• Convenience of uploading lab results dependent on electronic reporting from independent companies</li> </ul>

## Appendix A

Figure 4  
Stakeholder Analysis

	Attitude towards project	Influence over success	What is important to them:	Key contribution to project:	Strategy for engagement:
Patients	Support for convenience (access to health records, lab results, and appointment scheduling). Struggle with establishing initial Patient Portal account access and completing pre-registration documentation via portal.	Moderate impact, increasing pre-registration and Patient Portal use reinforce positive EHR behaviors by other stakeholders.	Ease of use, speed of information, access to care, accuracy of information	Patient engagement will cultivate use by other stakeholders and decrease reliance on paper / old patterns of behavior.	Provide instructions handouts for Patient Portal access. Offer iPad in waiting room for Patient Portal enrollment and completion of pre-registration documents.
Professionals (Ancillary Staff and Nurses)	Resistant towards change, reliant on paper and information stored in old paper charts. Report lack of knowledge and time to use and learn new EHR system.	High, participation and supportive behaviors required for success.	Ease of use, minimal time commitment, positive impact on workflow	Daily use for documentation, billing, and scheduling. Nurses and ancillary staff involvement is crucial to initial and future phases of implementation.	Implement tools to encourage staff and EHR use, communication and shared responsibility, “we” statements, provide supportive leadership, raise awareness of EHR benefits, progress updates during weekly meetings
Healthcare Institution (Providers, Proprietor, Management)	Strong support of EHR and Patient Portal utilization in all facets of the patient experience and healthcare institution	High participation and supportive behaviors required for success. Management and Providers should demonstrate transformational leadership.	Patient safety, consistency of information, revenue	Influence, model behavior, verbal endorsement and encouragement of EHR use.	Report cost/benefit analysis, progress updates during weekly and one-on-one meetings, share microsystem assessment data and evidence-based research supporting quality improvement
Relative Organizations (external)	Low awareness of project aims exists external to microsystem. Global attitudes toward EHR emphasize value and future of healthcare related to EHR use.	Low impact in initial phases of project. Potential exists for more referrals and enhanced collaborative care if electronic EHR system and Patient Portal facilitate experience	Collaborative care is effective, safe, and efficient.	Minimal immediate contribution. Future participation will support integration of EHR use and continuity of care.	Promote awareness of EHR for scheduling, pre-registration, and patient portal access with referring and collaborative providers/organizations.

## Appendix A

Figure 5  
Cost Analysis

Cost Analysis for Electronic Health Record Utilization and Education:  
Improving Role-Specific Confidence and Competence in the Outpatient Setting

	Item*	Cost	Benefit**
A	EHR Annual Use Fee	\$2,760.00	\$2,760.00
B	Annual Wasted Supplies	\$8,534.00	\$4,267.00
	Ink	\$4,342.00	\$2,171.00
	Paper	\$1,754.00	\$877.00
	Folders/Files	\$889.00	\$444.50
	Tabs/Labels	\$790.00	\$395.00
	Pens	\$512.00	\$256.00
	Staples/Clips	\$247.00	\$123.50
C	Annual Lost Revenue from Unpaid/unbilled services	\$15,144.00	\$7,572.00
	Total	\$26,438.00	\$14,599.00
	Net Benefit		\$11,839.00
	Cost/Benefit Ratio		2.23 : 1

## Assumptions

- \* Based on 2016 data.  
No additional time was used for training. A portion of the weekly all-staff meeting was allocated to assessment, training, and verification of competency.
- \*\* A 50% improvement in wasted expenses is reasonable expected based on current performance. Benefits of the project relate to an improved billing system, expenses of wasted supplies, and expense of lost wages/time are speculative. Staff have only recently (through this project) verified their competency to perform role specific tasks.
- A Software is paid for monthly to month. This expense includes storage of data. Electronic Health Record (EHR) is a web-based platform, it is not licensensed for ownership.
- B Wasted supplies related to paper medical records and billing process. Includes paper patient files, ink for printing lab reports and documentation forms, pens for physically writing in the charts, tabs and labels for organizing the charts.
- Unpaid and Unbilled services are represented as lost revenue. Current billing processes do not effectively track outstanding dues, unbilled encounters/servies/procedures, or generate reports.
- C

## Appendix B

Figure 1  
*Pre-/Post-Implementation Survey*

## Implementation Survey

Describe your abilities to use technology in general, in everyday life

- 1) Very poor
- 2) Poor
- 3) Acceptable
- 4) Good
- 5) Very good

Describe your ability to log in to Power2Practice (P2P)

- 1) not able
- 2) somewhat
- 3) undecided
- 4) moderately
- 5) very able

Describe your ability to access self-guided trouble shooting tutorials provided by P2P

- 1) not able
- 2) somewhat
- 3) undecided
- 4) moderately
- 5) very able

Describe your ability to provide patients with directions for registration and access the patient portal?

- 1) not able
- 2) somewhat
- 3) undecided
- 4) moderately
- 5) very able

Describe your understanding of how to use/navigate P2P

- 1) Very poor
- 2) Poor
- 3) Acceptable
- 4) Good
- 5) Very good

How confident do you feel in your abilities to complete role-specific tasks using Power2Practice (for example: accessing information, documentation, uploading labs, medication administration, communication, or billing)

- 1) not confident
- 2) somewhat confident
- 3) neutral
- 4) moderately confident
- 5) very confident

How do you feel related to support/educational tools and your individual use of P2P?

- 1) not supported
- 2) somewhat supported
- 3) neutral
- 4) moderately supported
- 5) very supported

What would improve your experience using P2P at work?

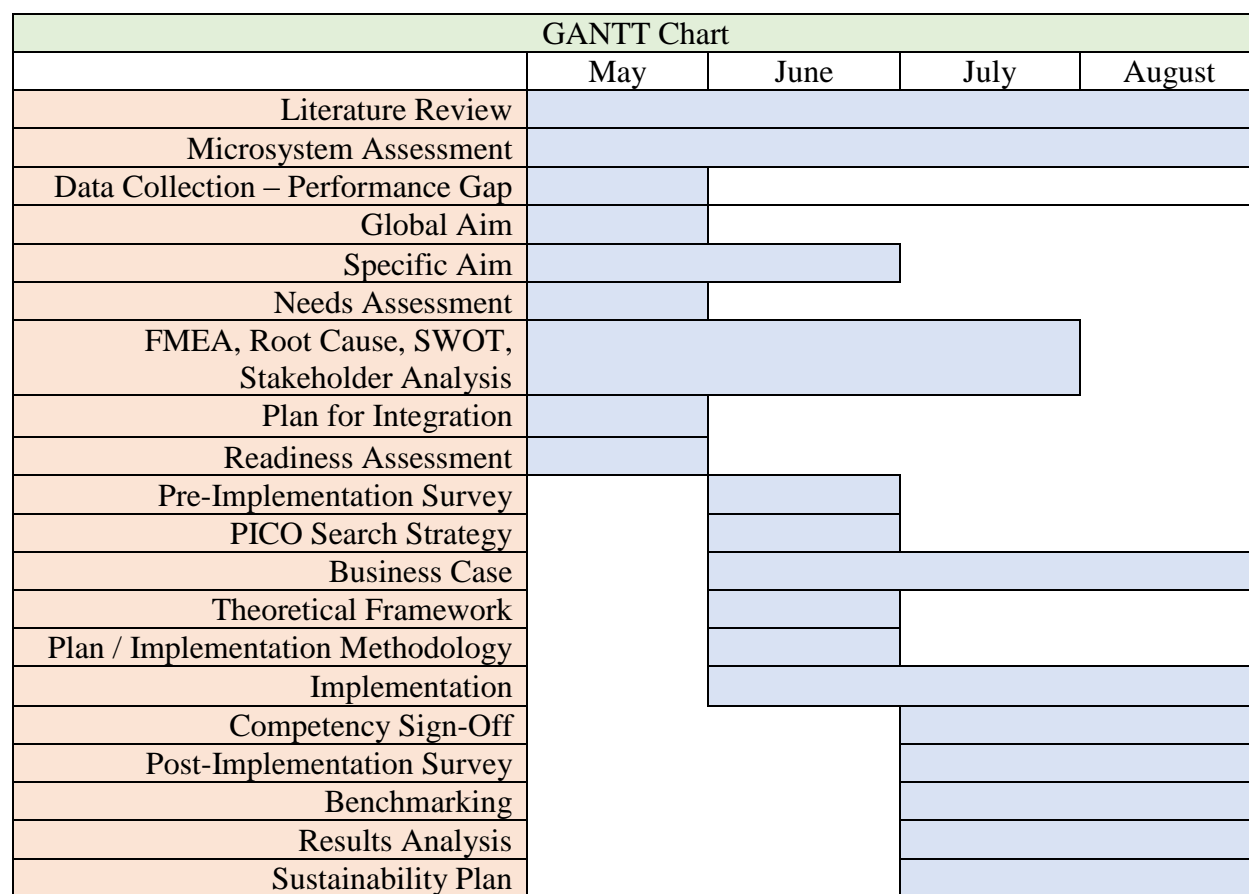
Describe your opinion/feelings/attitude about P2P?

Any additional comments or questions?

Thank you for participation and time!

## Appendix C

Figure 1  
Gantt Chart



## Appendix D

Figure 1  
*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

1

### Sign-In

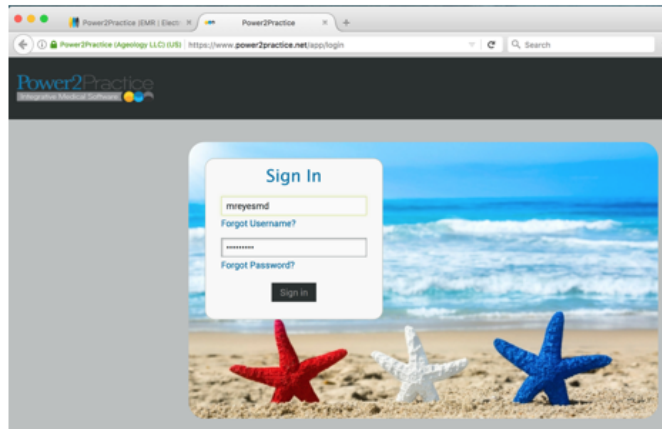
Open your web browser

Go to:

<https://www.power2practice.net/app/login/1>

Enter your username and password

Click the sign in button



(Click "Forgot Username" or "Forgot Password" if you need to reset your Sign-In information)

### Self-Guided Troubleshooting and Tutorial Access

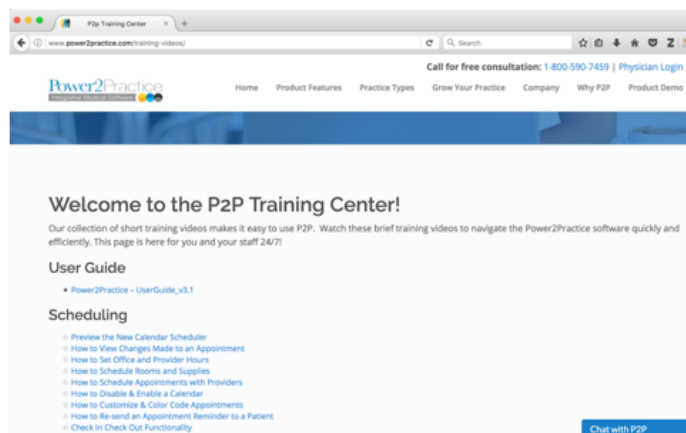
Open your web browser

Go to:

<http://www.power2practice.com/training-videos/>

Enter the password: p2ptraining!

Scroll down to view any of the P2P training videos



## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

## Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

2

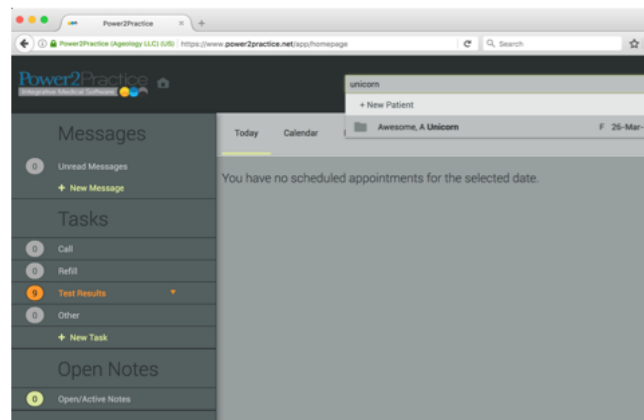
**Upload Lab Results/Patient Documents**

Download or Scan the test/lab results from the laboratory company onto the computer

Sign-In to Power2Practice

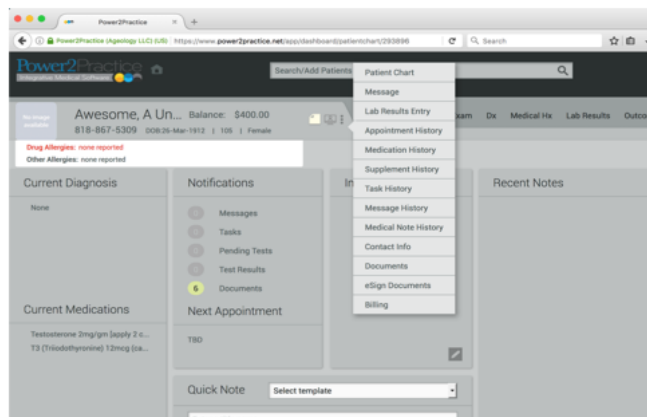
Search the patient/client name

Then click the name to select their electronic health record



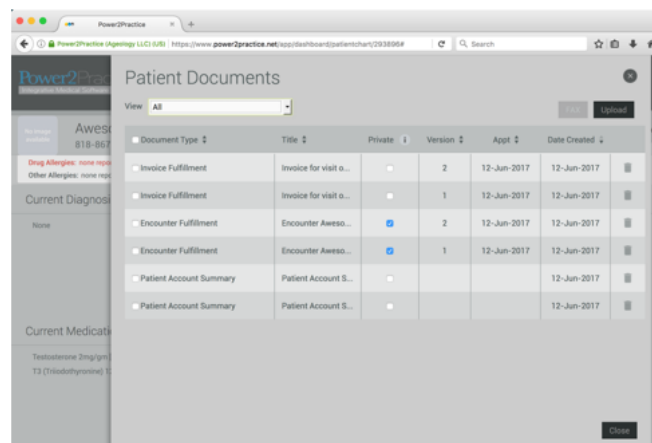
Click the three-dot menu to the right of the patient's name

Select the "Documents" tab



A pop up window will open titled "Patient Documents"

Select the upload button in the upper right hand corner



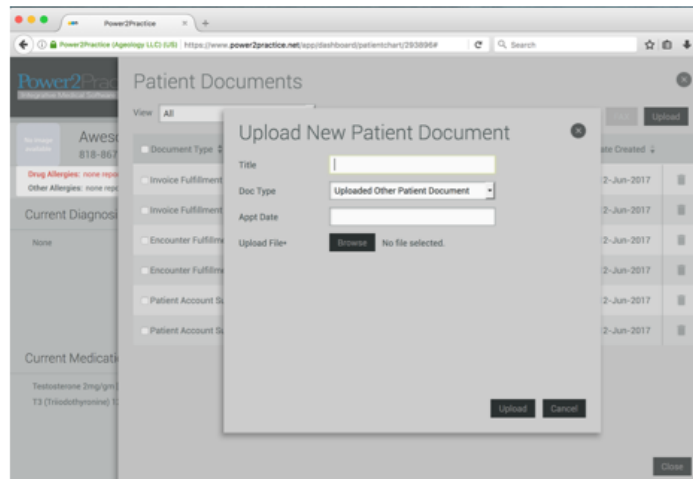
## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

## Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

3

A pop-up window titled “Upload New Patient Document” will appear



Title the document in the correct format  
 ie (Lab Name Day Month Name  
 Abbreviation Year)

For example:

Quest Labs 15 Jan 2017

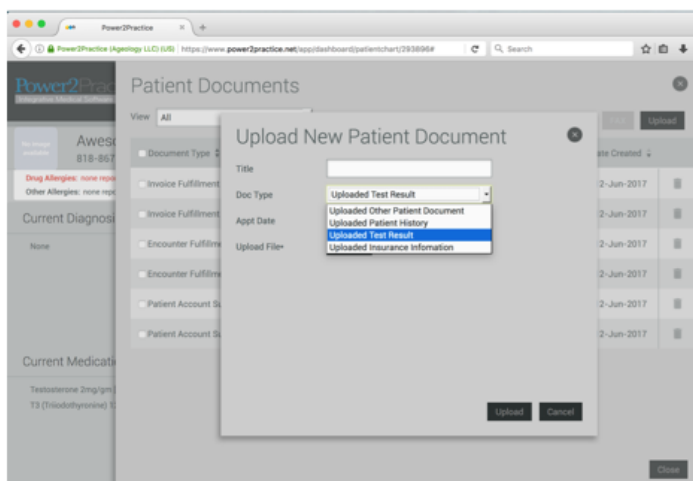
or

Vibrant Labs 27 Apr 2017

or

Credit Card Auth 20 Jul 2017

Select the correct document type



“Upload Other Patient Documents” = document type: HIPPA, Financial Responsibility, Credit Card Auth forms

“Upload Patient History” = document type: past medical history, clinic notes, digestive screenings

“Upload Test Results” = document type: Lab/Test Results

“Upload Insurance Information” = document type: copy of patient’s insurance card (front and back)



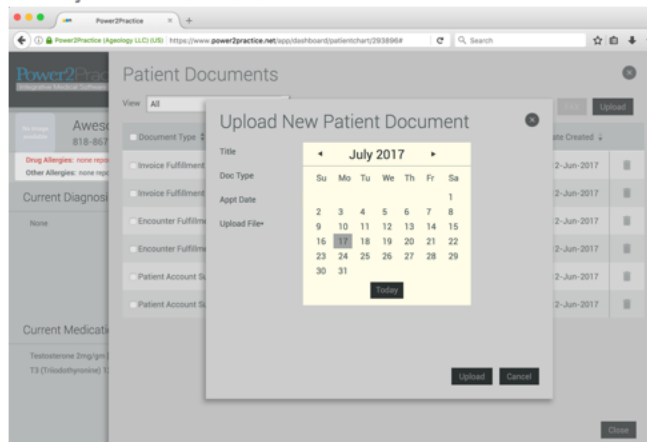
## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

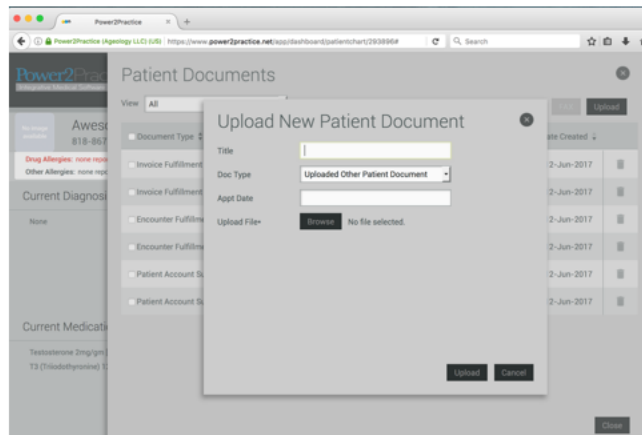
## Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

4

Select the date of service/date of documentation/date of lab report corresponding with the attached document



Click the "Browse" Button



This will open a pop-up window on your computer, locate and select the document from its saved location on your computer

Click the Upload button

Close the window by clicking the "close button" or "x" in the upper right hand corner

A tutorial is also available at <http://www.power2practice.com/video/enter-test-results/>

## Appendix D

Figure 1 (continued)  
Educational Support/Tool

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

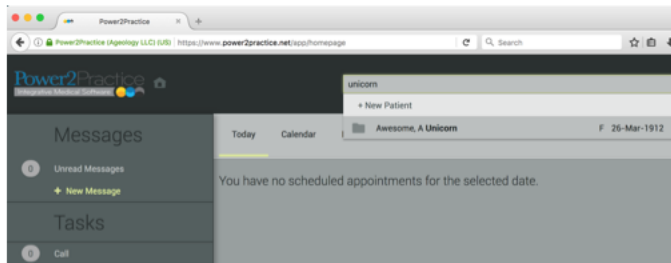
5

### Patient Portal Access / Invitation

Sign-In to Power2Practice

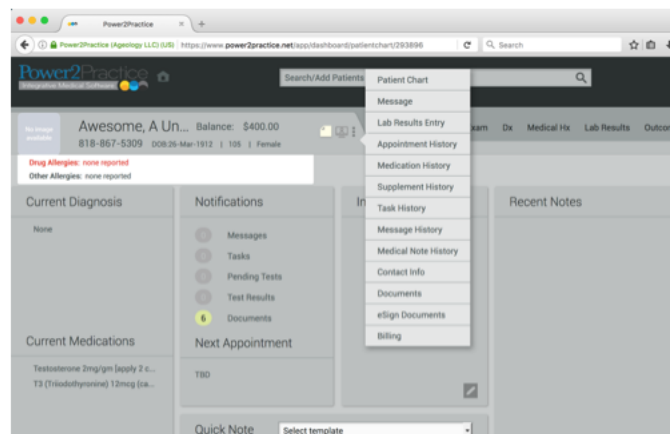
Search the patient/client name

Then click their name to select their electronic health record



Click the three-dot menu to the right of the patients name

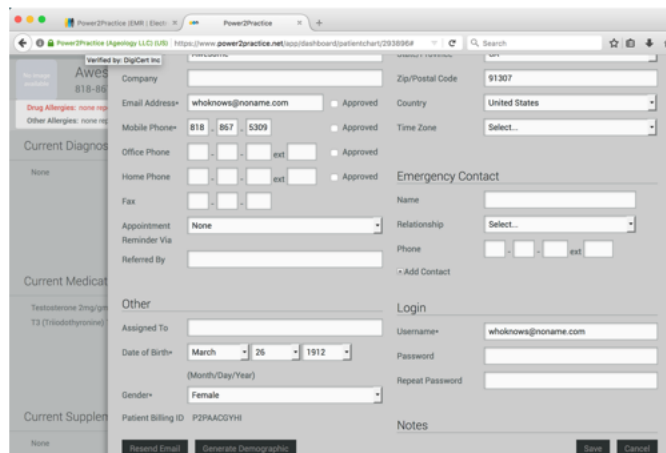
Click the "Contact Info" tab



A pop-up window will display the "Patient" information

Verify with the patient the correct email address is listed under "email address" and "username"

Click the "Resend Email" tab at the bottom of the screen



Click the "Save" tab in the bottom right hand corner  
The window will automatically close

A tutorial is also available at <http://www.power2practice.com/video/resend-patient-welcome-email/>

## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

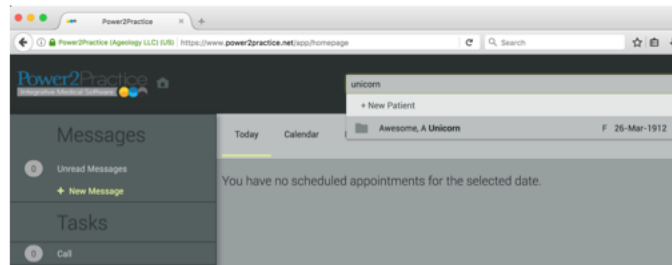
6

### Create an Invoice

Sign-In to Power2Practice

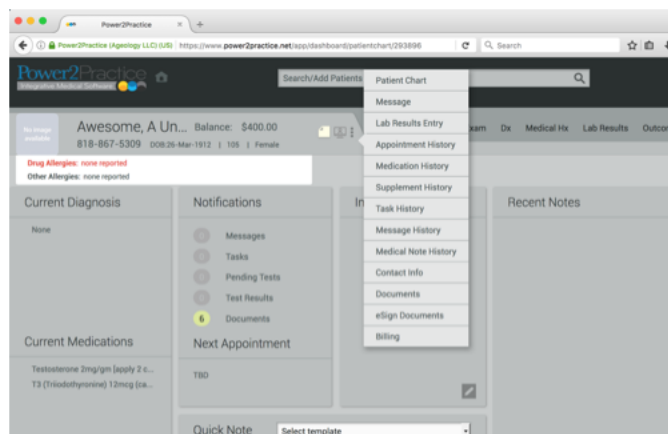
Search the patient/client name

Then click their name to select  
 their electronic health record



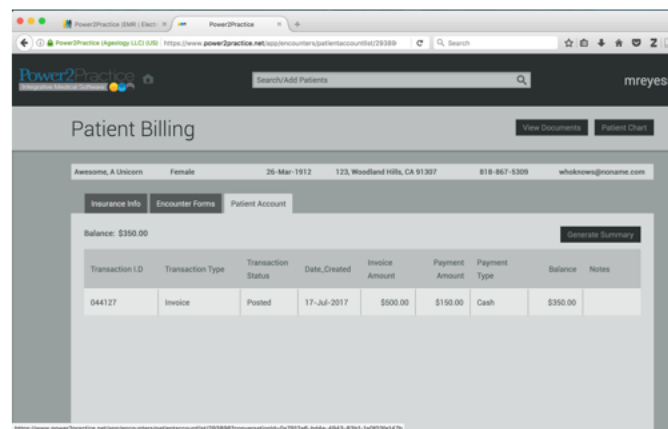
Click the three-dot menu to the  
 right of the patients name

Select the “Billing” tab



A new window will appear titled  
 “Patient Billing”

The “Patient Account” tab  
 contains past bills and outstanding  
 balances



## Appendix D

Figure 1 (continued)

*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

7

The “Encounter Forms” tab contains encounters and invoices

An “Encounter Form” MUST be created and “Complete and Print” must be selected by the provider prior to creating an “Invoice”

IF the encounter form has been correctly completed an “add button” will appear in the “Invoiced” column

Edit	Appointment Date	Created	Last Updated	Completed	Invoiced
✖	18-Jul-2017	17-Jul-2017	17-Jul-2017	17-Jul-2017	Add
✖	12-Jun-2017	12-Jun-2017	12-Jun-2017	12-Jun-2017	17-Jul-2017

IF you need to create an Invoice click the “Add”  
A new pop-up window will open titled “Invoice Entry”

**Invoice Entry**

Patient: Awesome, A Unicorn, Female, 26-Mar-1912, 123, Woodland Hills, CA 91307, 818-867-5309, whoknows@noname.com

Encounter: Appointment Date: 18-Jul-2017, Diagnosis: First Symptoms or Accident Date: Workers Comp Personal Injury

Provider: Reyes, Michelle, NPI#: 1902816135, Location: 6324 Canoga Ave Suite 150, Woodland Hills CA 91367, Tax ID: 463515660

Billing: ☐ Bill Insurance ☒ Self-pay  
No insurance provided - bill patient directly

Type	Code	Description	M1	M2	Ins	Charge	Units	Total
Office Lab Tests	IVCUR	IV CURCUMIN					1.0	\$0.00
Office Medications		T3 (Triiodothyronine) 12mc g (capsule) 12 mcg					1.0	\$0.00
Office Medications		Testosterone 2mg/gm					1.0	\$0.00
Office Procedures	96361	HYDRATE IV INFUSION AD 0-ON					1.0	\$125.00
Office Services	99213	OFFICE/OUTPATIENT VISIT EST					1.0	\$250.00
Payment								\$ -400.00
Payment Type	Cash	Add Payment				\$ -400.00		Total Balance: \$115.00

Notes: 18JUL2017 \$400 Cash LMJ

Invoice Title: 18-Jul-2017 - En v1 - Self \$115.00

Buttons: Save, Cancel

Enter and/or VERIFY the correct:  
Bill Recipient and Charges

Enter the Payment Type and  
Payment Amount  
Enter A Note

**Billing**

Billing: ☐ Bill Insurance ☒ Self-pay  
No insurance provided - bill patient directly

Type	Code	Description	M1	M2	Ins	Charge	Units	Total
Office Lab Tests	IVCUR	IV CURCUMIN				\$20.00	1.0	\$20.00
Office Medications		T3 (Triiodothyronine) 12mc g (capsule) 12 mcg				\$60.00	1.0	\$60.00
Office Medications		Testosterone 2mg/gm				\$60.00	1.0	\$60.00
Office Procedures	96361	HYDRATE IV INFUSION AD 0-ON				\$125.00	1.0	\$125.00
Office Services	99213	OFFICE/OUTPATIENT VISIT EST				\$250.00	1.0	\$250.00
Payment								\$ -400.00
Payment Type	Cash	Add Payment				\$ -400.00		Total Balance: \$115.00
Notes	18JUL2017 \$400 Cash LMJ							

Invoice Title: 18-Jul-2017 - En v1 - Self \$115.00

Buttons: Save, Cancel

## Appendix D

Figure 1 (continued)

*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

7

The “Encounter Forms” tab contains encounters and invoices

An “Encounter Form” MUST be created and “Complete and Print” must be selected by the provider prior to creating an “Invoice”

IF the encounter form has been correctly completed an “add button” will appear in the “Invoiced” column

Edit	Appointment Date	Created	Last Updated	Completed	Invoiced
✖	18-Jul-2017	17-Jul-2017	17-Jul-2017	17-Jul-2017	Add
✖	12-Jun-2017	12-Jun-2017	12-Jun-2017	12-Jun-2017	17-Jul-2017

IF you need to create an Invoice click the “Add”  
A new pop-up window will open titled “Invoice Entry”

**Invoice Entry**

Patient: Awesome, A Unicorn, Female, 26-Mar-1912, 123, Woodland Hills, CA 91367, 818-867-5309, whoknows@noname.com

Encounter: Appointment Date: 18-Jul-2017, Diagnosis: First Symptoms or Accident Date: Workers Comp Personal Injury

Provider: Reyes, Michelle, NPI#: 1902816135, Location: 6324 Canoga Ave Suite 150, Woodland Hills CA 91367, Tax ID: 463515660

Billing: ☐ Bill Insurance ☒ Self-pay  
No insurance provided - bill patient directly

Type	Code	Description	M1	M2	Ins	Charge	Units	Total
Office Lab Tests	IVCUR	IV CURCUMIN					1.0	\$0.00
Office Medications		T3 (Triiodothyronine) 12mc g (capsule) 12 mcg					1.0	\$0.00
Office Medications		Testosterone 2mg/gm					1.0	\$0.00
Office Procedures	96361	HYDRATE IV INFUSION AD 0-ON					1.0	\$125.00
Office Services	99213	OFFICE/OUTPATIENT VISIT EST					1.0	\$250.00
Payment								\$ -400.00
Payment Type	Cash	Add Payment				\$ -400.00		Total Balance: \$115.00

Notes: 18JUL2017 \$400 Cash LMAJ

Invoice Title: 18-Jul-2017 - En, v1 - Self \$115.00

Buttons: Save, Cancel

Enter and/or VERIFY the correct:  
Bill Recipient and Charges

Enter the Payment Type and  
Payment Amount  
Enter A Note

**Billing**

Billing: ☐ Bill Insurance ☒ Self-pay  
No insurance provided - bill patient directly

Type	Code	Description	M1	M2	Ins	Charge	Units	Total
Office Lab Tests	IVCUR	IV CURCUMIN				\$20.00	1.0	\$20.00
Office Medications		T3 (Triiodothyronine) 12mc g (capsule) 12 mcg				\$60.00	1.0	\$60.00
Office Medications		Testosterone 2mg/gm				\$60.00	1.0	\$60.00
Office Procedures	96361	HYDRATE IV INFUSION AD 0-ON				\$125.00	1.0	\$125.00
Office Services	99213	OFFICE/OUTPATIENT VISIT EST				\$250.00	1.0	\$250.00
Payment								\$ -400.00
Payment Type	Cash	Add Payment				\$ -400.00		Total Balance: \$115.00

Notes: 18JUL2017 \$400 Cash LMAJ

Invoice Title: 18-Jul-2017 - En, v1 - Self \$115.00

Buttons: Save, Cancel

## Appendix D

Figure 1 (continued)

*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

8

ALSO write in the notes:

Date (Day number-Month-Year), amount paid, payment type/card type, last 4 digits of the card, the transaction ID from the credit card receipt (if applicable), and your initials.

For example:

17Jul2017 \$150 Visa #4657 txn ID:10045 LMJ  
22Apr2017 \$400 Cash BDA

Click Save

You will automatically be re-directed to the "Encounter Forms" Tab

**\*\*IF partial payment is made, writing a note is especially important\*\***

You MUST ALSO note with each additional payment applied to the invoice in the notes section:

Date (Day number-Month-Year), amount paid, payment type /card type, last 4 digits of the card, and the transaction ID from the credit card receipt of the partial payment (See above for correct format).

**\*\*Adjust the "Add Payment" dollar amount to equal the total value of all payments received for THIS invoice\*\***

Click Save

You will automatically be re-directed to the "Encounter Forms" Tab

Credit Card Receipts should be uploaded as Patient Documents  
Scan credit card receipts and upload as a patient documents  
Title as: Payment Amount, Corresponding Invoice Number(s), Date  
Document Type: "Upload Other Patient Documents"  
See Directions for Uploading Documents/Labs or P2P training portal for additional help

## Appendix D

Figure 1 (continued)  
Educational Support/Tool

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization  
**View/Apply Payment to Billing**

9

Click the “Patient Account” tab  
(under “Patient Billing”)

Click on the “Transaction I.D”  
number that corresponds to the  
Invoice you wish to view

Transaction I.D	Transaction Type	Transaction Status	Date Created	Invoice Amount	Payment Amount	Payment Type	Balance	Notes
051329	Invoice	Posted	18-Jul-2017	\$515.00	\$515.00	Credit Card	\$350.00	18-Jul-2017...
044127	Invoice	Posted	17-Jul-2017	\$500.00	\$190.00	Cash	\$350.00	

OR

Click the “Encounter Forms” tab

Hover over the invoice date that  
corresponds to the correct clinic  
visit/invoice in the “Invoiced”  
column

Click the underlined date

Edit	Appointment Date	Created	Last Updated	Completed	Invoiced
CF	18-Jul-2017	17-Jul-2017	17-Jul-2017	17-Jul-2017	18-Jul-2017
CF	12-Jun-2017	12-Jun-2017	12-Jun-2017	12-Jun-2017	17-Jul-2017

A pop-up window will display  
“Invoice Entry”

Enter and/or VERIFY the correct:  
Bill Recipient and Charges

Enter the Payment Type and  
Payment Amount  
Enter A Note

Type	Code	Description	M1	M2	Ins	Charge	Units	Total
Office Services	99206	New Patient 90 min				\$245.00	1.0	\$245.00
Office Lab Tests	82677	ASSAY OF ESTRADIOL				\$175.00	1.0	\$175.00
Office Medications	J1070	Testosterone cypionate 100 mg				\$80.00	1.0	\$80.00
Payment								\$ -100.00
Payment Type	Cash					\$ -100.00		Total Balance: \$400.00

## Appendix D

Figure 1 (continued)

*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

10

Scroll down

Enter the payment type

Enter the payment amount

First Symptoms or Accident Date: Location: 6324 Canoga Ave Suite 150  
Woodland Hills CA 91367  
Tax ID: 463515660

Billing  
☐ Bill Insurance ☒ Self-pay  
 No insurance provided - bill patient directly

Charges

Type	Code	Description	M1	M2	Ins	Charge	Units	Total
Office Services	99206	New Patient 90 min				\$245.00	1.0	\$245.00
Office Lab Tests	82677	ASSAY OF ESTRADIOL				\$175.00	1.0	\$175.00
Office Medications	J1070	Testosterone cypionate 100 mg				\$80.00	1.0	\$80.00
Payment								\$ -100.00
								\$400.00

Payment Type: Cash Add Payment: \$-100.00 Total Balance: \$400.00

Notes

Invoice Title: 12-Jun-2017 - En. v2 - Self \$400.00

ALSO write in the notes:

Date (Day number-Month-Year), amount paid, payment type/card type, last 4 digits of the card, the transaction ID from the credit card receipt (if applicable), and your initials.

For example:

17Jul2017 \$150 Visa #4657 trxn ID:10045 LMJ

22Apr2017 \$400 Cash BDA

Click Save

You will automatically be re-directed to the "Encounter Forms" Tab

**\*\*IF partial payment is made, writing a note is especially important\*\***

You MUST ALSO note with each additional payment applied to the invoice in the notes section:

Date (Day number-Month-Year), amount paid, payment type /card type, last 4 digits of the card, and the transaction ID from the credit card receipt of the partial payment (See above for correct format).

**\*\*Adjust the "Add Payment" dollar amount to equal the total value of all payments received for THIS invoice\*\***

Click Save

You will automatically be re-directed to the "Encounter Forms" Tab

Credit Card Receipts should be uploaded as Patient Documents  
 Scan credit card receipts and upload as a patient documents  
 Title as: Payment Amount, Corresponding Invoice Number(s), Date  
 Document Type: "Upload Other Patient Documents"  
 See Directions for Uploading Documents/Labs or P2P training portal for additional help



## Appendix D

Figure 1 (continued)

*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

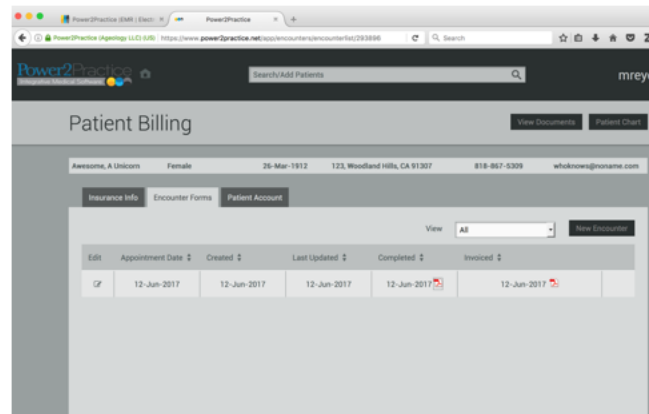
11

**Print an Invoice**

Click on the Click the “Encounter Forms” tab (under “Patient Billing”)

Click on the PDF symbol next to the invoice to generate a printable invoice/bill.

A new tab will open in your web browser with the document



Click File, then Print (to print the document)

## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

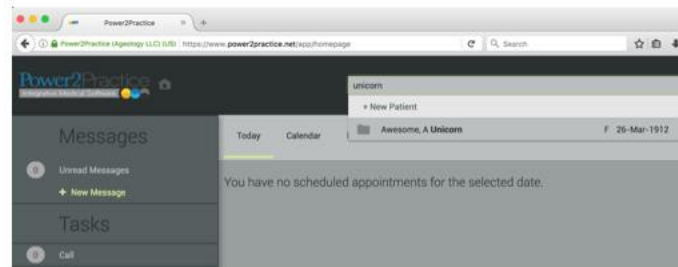
12

### Create a Patient Note

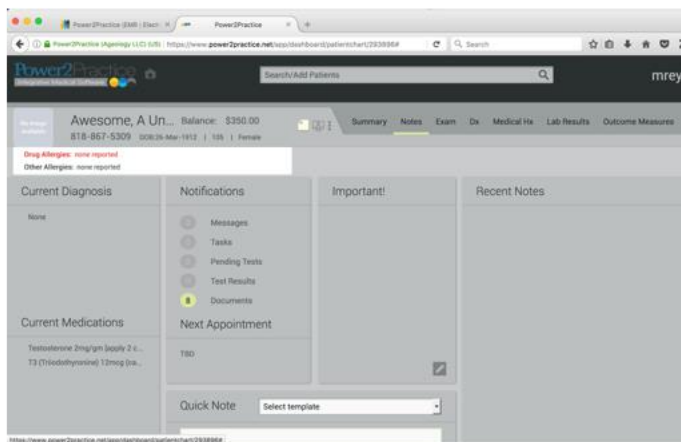
Sign-In to Power2Practice

Search the patient/client name

Then click to select their  
 electronic health record



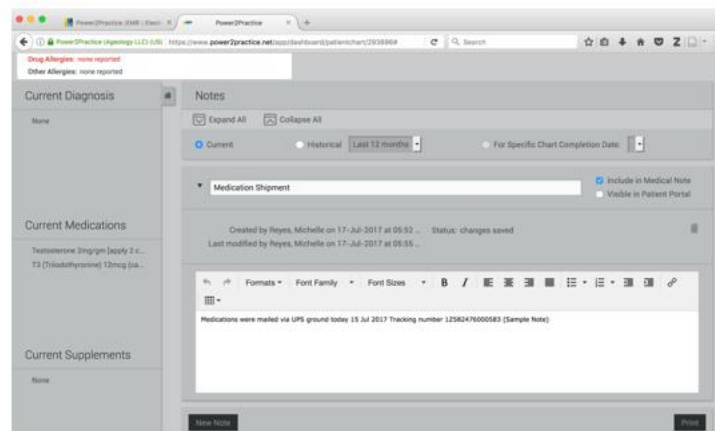
Click the “Notes” tab to the right  
 of the patient name



Enter Title of the note

In the note section document  
 your activity (i.e. if medications  
 were shipped, invoice was  
 mailed, lab results published,  
 or email/phone call was  
 placed).

These will save automatically.



## Appendix D

Figure 1 (continued)  
Educational Support/Tool

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

13

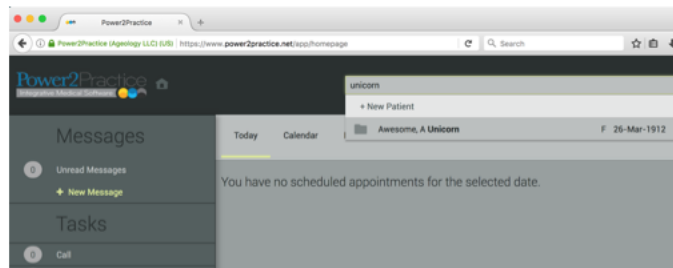
### Create/Assign, View, or Complete a Task

*This can be useful if a provider needs to review a document, authorize a request, prescribe medications etc. Or between collaborative members of the staff*

Sign-In to Power2Practice

Search the patient/client name

Then click to select their electronic health record

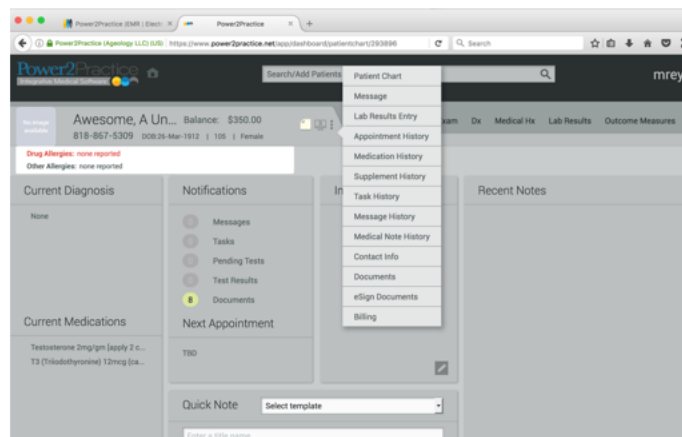


Select one of the following:

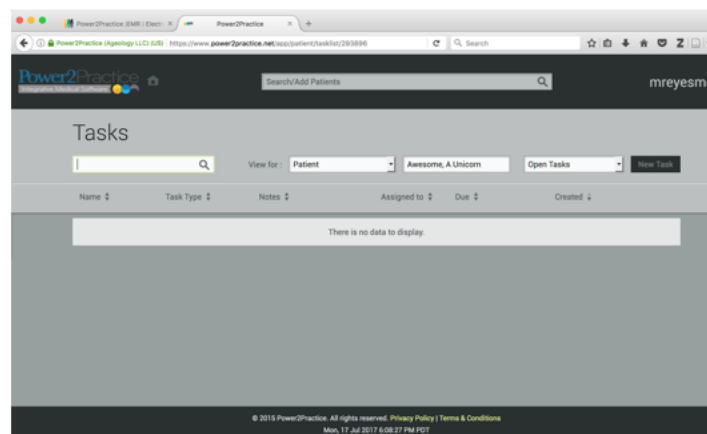
“Task History” from the three-dot drop down menu

OR

“Tasks” or “Pending Tasks” from the Notifications Box



All the above options will direct you to the same pages



## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

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Click the “New Task” button  
 A pop-up window will appear

Enter:  
 Patient name  
 Task Type  
 Assigned to (ie. the staff member responsible for completing this task)  
 Due Date  
 Status  
 Notes

The window will automatically close and the task will appear the patient and staff member it was assigned to

Name	Task Type	Notes	Assigned to	Due	Created
Awesome, A Uni...	Call patient	Example Task / Training	Jost, Lisa	18-Jul-2017 05:00 pm	17-Jul-2017 06:21 pm

## Appendix D

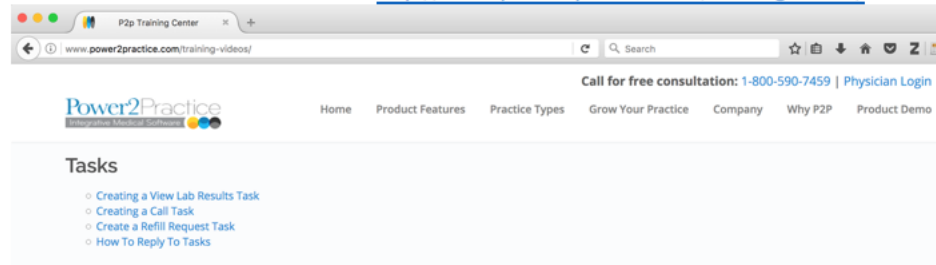
Figure 1 (continued)

*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

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For “How to Reply to Tasks”

<http://www.power2practice.com/video/how-to-reply-to-tasks/>Additional tutorial is also available at <http://www.power2practice.com/training-videos/>

## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

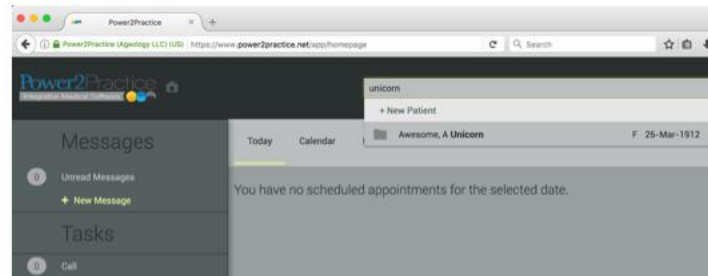
Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization  
**IV Documentation**

16

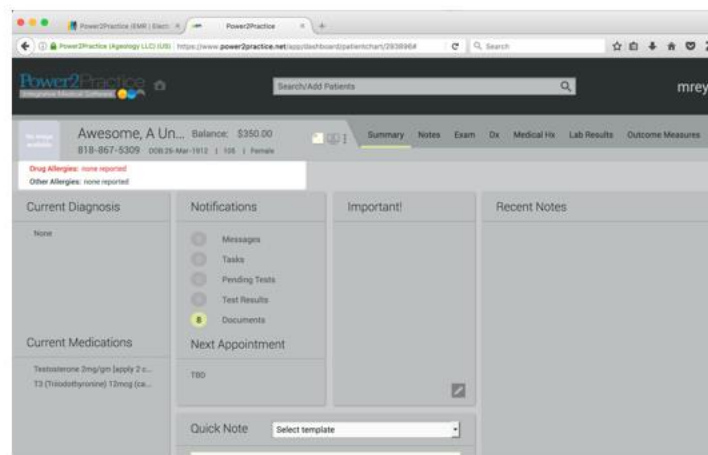
Sign-In to Power2Practice

Search the patient/client name

Then click to select their  
 electronic health record

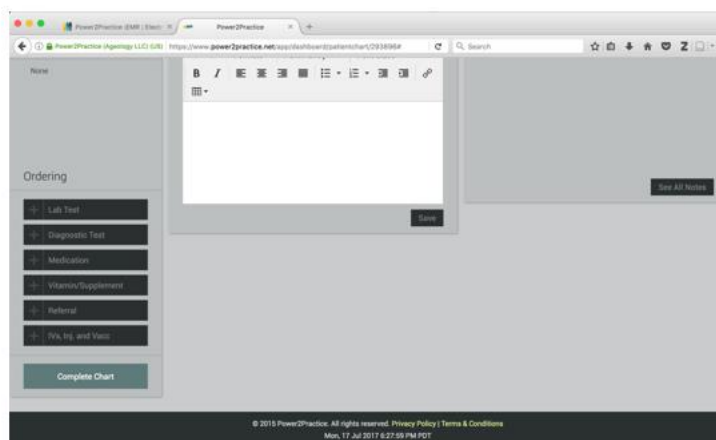


The Patient chart will appear



Scroll down to the bottom of the  
 page

Select "IVs, Inj. And Vacc" tab  
 (in the lower left corner)



## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

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You will be directed to a new window titled “IV Therapy”

The screenshot shows the 'IV Therapy' form in the Power2Practice EHR system. The form is divided into several sections: 'Details', 'Pre-Infusion', 'Inspection', and 'Upon Removal'. The 'Details' section includes a dropdown menu for 'IV Therapy' and a checkbox for 'Save as Practice IV'. The 'Pre-Infusion' section has fields for 'Location', 'Angiocatheter Size', 'Number of Attempts', and 'Date'. The 'Inspection' section includes fields for 'Ingredient', 'Dose', 'MI', 'Dispensed', 'Lot Number', 'Expiration Date', and 'Pharmacy'. The 'Upon Removal' section includes checkboxes for 'Catheter Tip Intact Upon Removal Of IV?', 'Pressure Dressing Applied?', 'Evidence Of Infiltration Of Extravasations?', and 'Evidence Of Phlebitis'. A 'Generate Report' button is located in the top right corner. A 'Complete Chart' button is at the bottom left. A search bar for 'IV Therapy, Vaccination and Injection History' is at the bottom right.

Enter ALL information (including: details, pre-infusion, inspection, and removal)

IF multiple ingredients are administered click the “add” button to document additional ingredients

Click Save

Click Complete Chart

\*\* Click the drop-down arrow to view Previous IV Therapy, Vaccinations, and Injection History

## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

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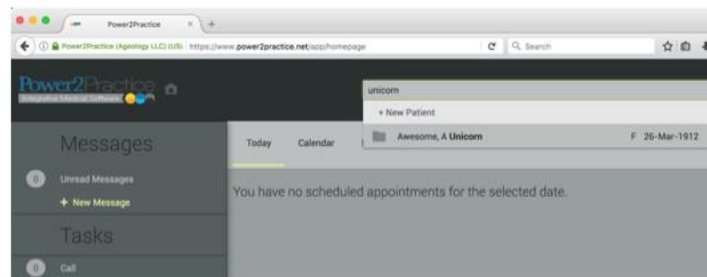
18

### Add/Update Medications

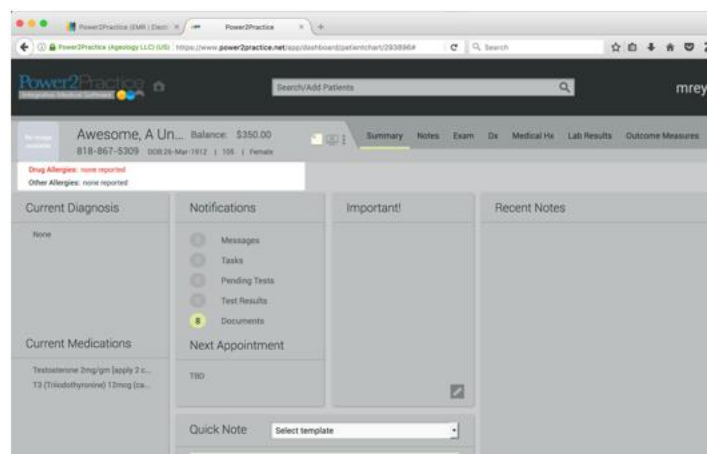
Sign-In to Power2Practice

Search the patient/client name

Then click to select their  
 electronic health record

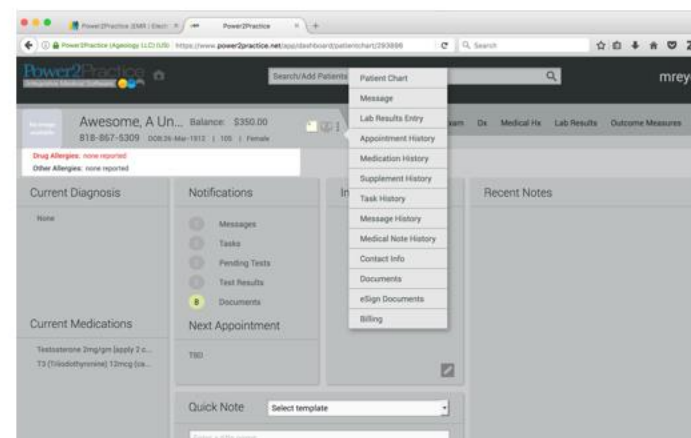


The Patient chart will appear



Click the three-dot menu to the  
 right of the patients name

Select the "Medication History"





## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

## Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

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OR

Scroll to the bottom and select  
 “+Medication” from the  
 “Ordering” menu

You will be redirected to the  
 “Medications” page

Add the Medication/Prescription  
 information

Click “Fill in office” for ACIM  
 administered medications (you  
 must select this box for  
 medications to automatically  
 appear on an invoice)

Click “Save” at the bottom right  
 corner of the page

## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

## Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

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OR

Scroll to the bottom and select  
 “+Medication” from the  
 “Ordering” menu

The screenshot shows the 'Ordering' menu in the Power2Practice EHR. The menu is located on the left side of the screen. The 'Medication' option is highlighted with a dark background. Other options include 'Lab Test', 'Diagnostic Test', 'Vitamin/Supplement', 'Referral', and 'Rx, Ig, and Test'. A 'Complete Chart' button is visible at the bottom of the menu.

You will be redirected to the  
 “Medications” page

The screenshot shows the 'Medications' page in the Power2Practice EHR. The page is divided into several sections. On the left, there are sections for 'Current Diagnosis', 'Current Medications', and 'Current Supplements'. The 'Current Medications' section lists 'Testosterone 2mg/gm (apply 2 x...)' and 'T3 (Thyroid hormone) 13mg (li...'. The main area is titled 'Medications' and includes a 'Patient Modified Medications' section and an 'Add or Update Medications' section. The 'Add or Update Medications' section has fields for 'Medication', 'Start Date', 'End Date', 'Dosing', 'SIG', 'Dispense', 'Quantity', 'Days Supply', 'Refill', and 'DAW'. There are also radio buttons for 'Fill at pharmacy', 'Fill in office', and 'Don't fill'. A 'Notes To Pharmacist' field is at the bottom.

Add the Medication/Prescription  
 information

Click “Fill in office” for ACIM  
 administered medications (you  
 must select this box for  
 medications to automatically  
 appear on an invoice)

Click “Save” at the bottom right  
 corner of the page

This screenshot is similar to the previous one, showing the 'Medications' page. In this view, the 'Fill in office' radio button under the 'Dispense' section is selected. The 'Notes To Pharmacist' field is visible at the bottom. The 'Add or Update Medications' section is still active, showing the same fields as before.

## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

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**\*\* “Medication History” displays current and past medications**

To **Modify** a medication:

Hover over the med name

Then Click the med name

Scroll up

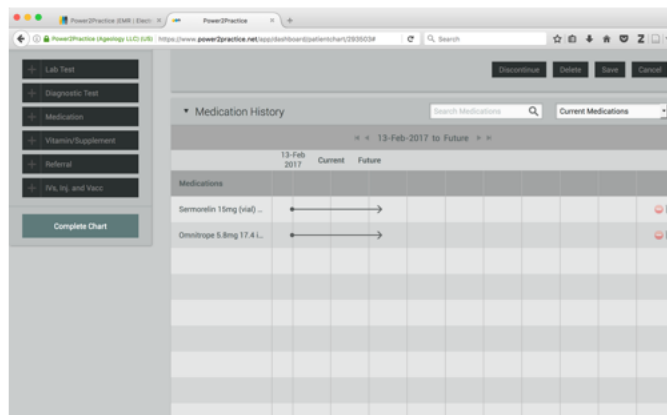
Click “Discontinue” to stop a med

OR

adjust the number of refills as needed

Click the “save” button when finished

You will be directed back to the  
“Patient Chart”



Create a “New Task” for to notify ACIM to fill medication in office.

Click the “Complete Chart” button at bottom of page when all documents are created for this

## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

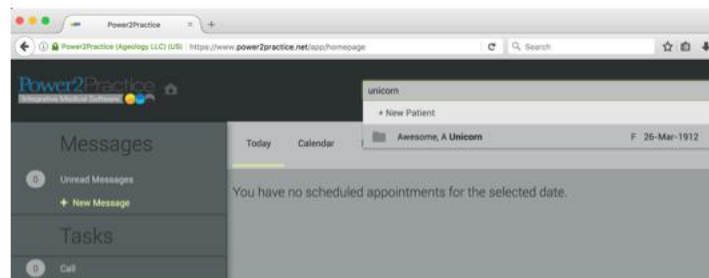
21

### Order Lab Tests

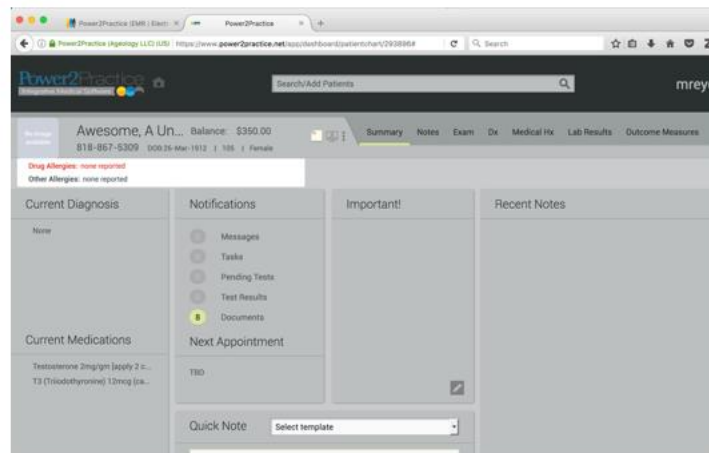
Sign-In to Power2Practice

Search the patient/client name

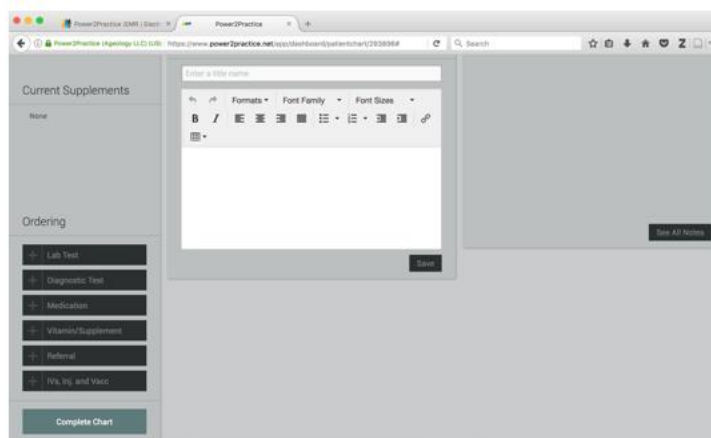
Then click to select their  
electronic health record



The Patient chart will appear



Scroll to the bottom and select  
“+Lab Test” from the  
“Ordering” menu



## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

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You will be redirected to the  
 “Order Labs” page

Enter the Lab Order Information

Select the Lab Company  
 from the drop-down menu

## Appendix D

Figure 1 (continued)  
Educational Support/Tool

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

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Select the “Bill to” category

The screenshot shows the 'Lab Order Options' section of the Power2Practice EHR interface. The 'Bill to' dropdown menu is open, showing options: Patient, Practice, and Insurance. The 'Patient' option is selected. The interface also shows 'Current Medications', 'Current Supplements', and 'Ordering' sections on the left.

Search for the test in the “Find Lab Test” field

The screenshot shows the 'Find Lab Test' field with the word 'food' entered. A list of test groups is displayed below the field, including 'Allergy IgG4 Food Antibodies 90 Profile - Serum', 'Amino Acids 20 Profile - Serum', 'Amino Acids 40 Profile - Serum', 'Bacterial Overgrowth of S...', 'Biophenol A (BPA) Profile', 'Fat-Soluble Vitamins Profile - Serum', 'Fatty Acids Profile - Blood', 'Fatty Acids Profile - Plasma', 'GI Effects Chemistry Profile - Serum', 'Gluten Sensitivity Profile', 'Glutathione Peroxidase (GPx) Profile', 'NeuroGenomics Profile - Urine/Blood', 'Nutritional FMV - Urine/Blood', 'Nutritional Plasma - Urine/Blood', 'Nutrient & Toxic Element Profile - Urine/Blood', 'One Day Hormone Check - Urine/Blood', 'Optimal Nutritional Evaluation - Urine/Blood', 'Organic Basic Profile - Urine/Blood', and 'Organic Comprehensive Profile - Urine/Blood'.

OR

select test from the “Commonly Ordered Tests” Box

The screenshot shows the 'Commonly Ordered Tests' box. The box contains a list of test groups and their corresponding tests, including 'Allergy IgG4 Food Antibodies 90 Profile - Serum', 'Amino Acids 20 Profile - Serum', 'Amino Acids 40 Profile - Serum', 'Bacterial Overgrowth of S...', 'Biophenol A (BPA) Profile', 'Fat-Soluble Vitamins Profile - Serum', 'Fatty Acids Profile - Blood', 'Fatty Acids Profile - Plasma', 'GI Effects Chemistry Profile - Serum', 'Gluten Sensitivity Profile', 'Glutathione Peroxidase (GPx) Profile', 'NeuroGenomics Profile - Urine/Blood', 'Nutritional FMV - Urine/Blood', 'Nutritional Plasma - Urine/Blood', 'Nutrient & Toxic Element Profile - Urine/Blood', 'One Day Hormone Check - Urine/Blood', 'Optimal Nutritional Evaluation - Urine/Blood', 'Organic Basic Profile - Urine/Blood', and 'Organic Comprehensive Profile - Urine/Blood'.

Then Click Save

Select “Complete Chart” at bottom of screen

## Appendix D

Figure 1 (continued)  
*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

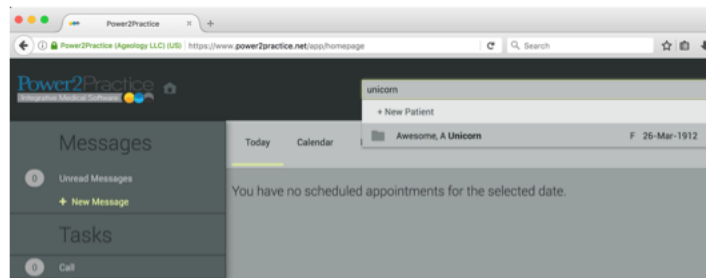
24

### Create Encounter

Sign-In to Power2Practice

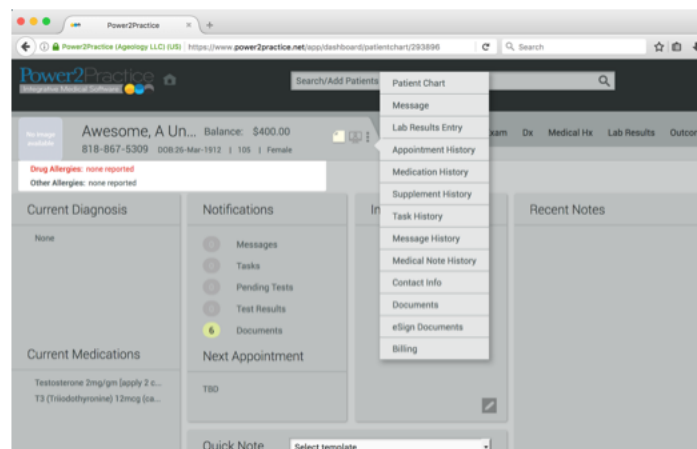
Search the patient/client name

Then click to select their  
 electronic health record



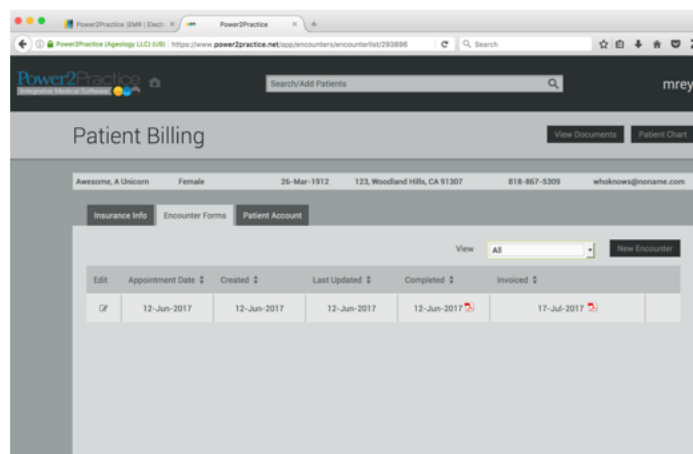
Click the three-dot menu to the  
 right of the patients name

Select the "Billing" tab



A new window will appear titled  
 "Patient Billing"

Click on "New Encounter"



## Appendix D

Figure 1 (continued)  
Educational Support/Tool

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

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A pop-up window titled  
“Encounter Form” will open

Complete ALL relevant  
fields.

Check boxes next to the  
appropriate:  
Diagnoses  
Office Service Codes  
Office Procedures  
Office Lab Tests  
Office Medications  
Other (billable items)

IF the item you need is not  
listed click the Add button to  
input manually

Click the “Complete and  
Print” button

A pop-up window titled  
“Complete and Print” will  
appear

Select “Proceed”

The screenshot shows the 'Encounter Form' in the Power2Practice system. It includes fields for patient information (Awesome, A Unicorn, Female, 26-Mar-1912), appointment date (18-Jul-2017), and provider (Reyes, Michelle). There are sections for 'Diagnoses' and 'Office Services' with checkboxes to view all or selected items. A table lists various codes and descriptions, such as 'SUBCUTANEOUS HORMONE PELLET IM...' and 'OFFICE OR OTHER OUTPATIENT VISIT F...'. An 'Add' button is visible at the bottom right of the form.

This screenshot shows the 'Other' section of the 'Encounter Form'. It includes a table with codes and descriptions for items like 'Injection, testosterone cypionate, up to ...' and 'Testosterone 2mg/gm'. There is an 'Add' button at the bottom right. At the bottom of the form, there is a 'Complete and Print' button.

This screenshot shows the 'Complete and Print' pop-up window. It asks the user: 'Are you sure you want to finalize this encounter and create a PDF?'. There are 'Proceed' and 'Cancel' buttons. The background shows the 'Encounter Form' with the 'Complete and Print' button highlighted.



## Appendix D

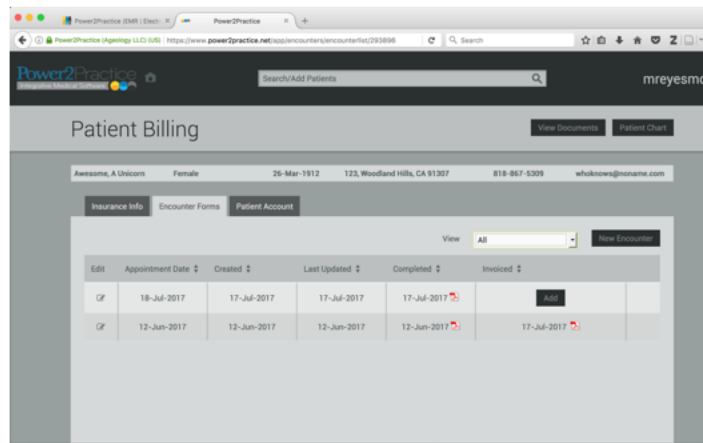
Figure 1 (continued)  
*Educational Support/Tool*

Quick Start-Guide - CNL Educator/Team Leader Project – EHR Utilization

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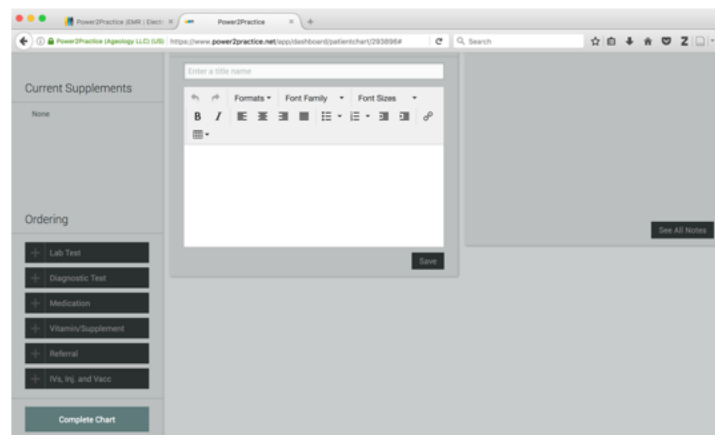
You will be re-directed to the “Patient Billing” page and the “New Encounter” will appear

Click on “Patient Chart” to return to the patient’s chart



Scroll to the bottom of the page

Click the “Complete Chart” button in the bottom left corner



<http://www.power2practice.com/video/generating-an-encounter-form/>